PATENT APPLICATION FEE DETERMINATION RECORD ive December 8, 2004

Application or Docket Number

10/533922

		CLAIMS	AS FILED	- PART	1								
L			(Colum			(Column 2)		SMALL EN		OR	OTHEI SMALL	R THAN ENTITY	
U.	S. NATIONAL	STAGE FEES					7	RATE	FEE	7	RATE	FEE	
ВА	ASIC FEE		SMALL ENT	T. = \$ 150	LAR	RGE ENT. = \$ 300	1	BASIC FEE	+	H _{OR}	BASIC FEE		
EX	AMINATION F	EE .	Satisfies PCT / (4) = \$ 50	Article 33(1)- 0 / \$ 100		All other situations = \$ 100 / \$ 200		EXAM. FEE	 	1	EXAM. FEE	300	
SE	ARCH FEE		U.S. is ISA = ALL other co	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		All other situations = \$ 250 / \$ 500		SEARCH FEE	-	1	SEARCH FEE	200	
FEI	E FOR EXTRA	SPEC. PGS.		minus 100 =		/ 50 =	1	X \$ 125 =	 	1	X \$ 250 =	400	
то	TAL CHARGEA	ABLE CLAIMS	19 m	inus 20 =				X \$ 25 =	 	OR		-	
IND	DEPENDENT C	LAIMS	3 ,	minus 3 =	*			X \$ 100 =	 	OR	X \$ 200 =	 	
MUI	LTIPLE DEPEN	NDENT CLAIM PR	ESENT	<u>-</u> -L		P		+\$ 180 =	 	OR	+ \$ 360 =	-	
• If	the difference	e in column 1 is	less than zen	o, enter *0	in α	olumn 2	1	TOTAL	 	OR	+ \$ 360 =	360	
]	IOIAC	1260				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY		OTHER THAN SMALL ENTITY		
ENTA		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =	•	OR	X \$ 50 =	 	
AME	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	 	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				LAIM			+\$ 180 =		OR	+ \$ 360 =		
					TOTAL ADDIT.		OR	TOTAL ADDIT. FEE					
		(Column 1)			-		I	FLC ,					
_		(Column 1)		(Column		(Column 3)	•					-	
ENT 8		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$25=	·	OR	X \$ 50 =		
AMENDA	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESI	ENTATION OF MU	ULTIPLE DEPE	:NDENT CL	AIM		T	+\$ 180 =		OR	+ \$ 360 =		
	,		•	TOTAL ADDIT.		OR	TOTAL ADDIT.						
								FEC No.		·	FEE L		
٠,	- A.A.				•								
t	if the "Highest Nur	mn 1 is less than the mber Previously Paid	I FOC IN THIS SPA	ACE to lose th	יחבי חברו	f antar #20#							
E	n me "Hignest Nun	mber Previously Paid nber Previously Paid F	d For' IN THIS SPA	ACF is loss th	han '3'	enter **3"	in the	appropriate box !	in column 1.				